

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 763312	RECEIPT DATE:	02 / 20 / 01
IA NUMBER:	PCT/ SE99 / 01354	IA FILING DATE:	08 / 09 / 99
FAMILY NAME:	ENGVAL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DANIEL	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 19 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P/2432-38	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2123820700
			FAX

NAME: OSTROLENK FABER GERB & SOFFEN

STREET: 1180 AVENUE OF THE AMERICAS

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 100368403

EMAIL:

APPLICATION TITLES:

TRANSPORTABLE APPARATUS FOR TREATING MENIERS DISEASE

TAB TO LAST POSITION, PUSH SEND